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# Data Quality: UBO & The Revenue Cycle

TMA Office of the Chief Financial Officer (OCFO)  
Management Control & Financial Studies Division



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# Outline

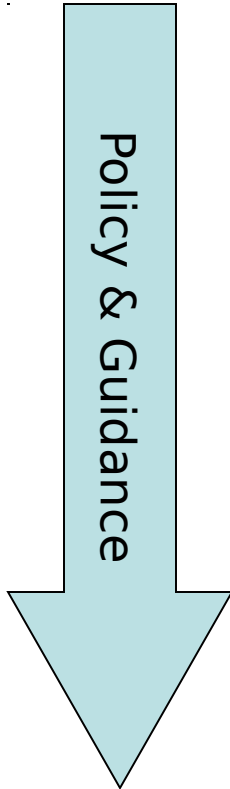
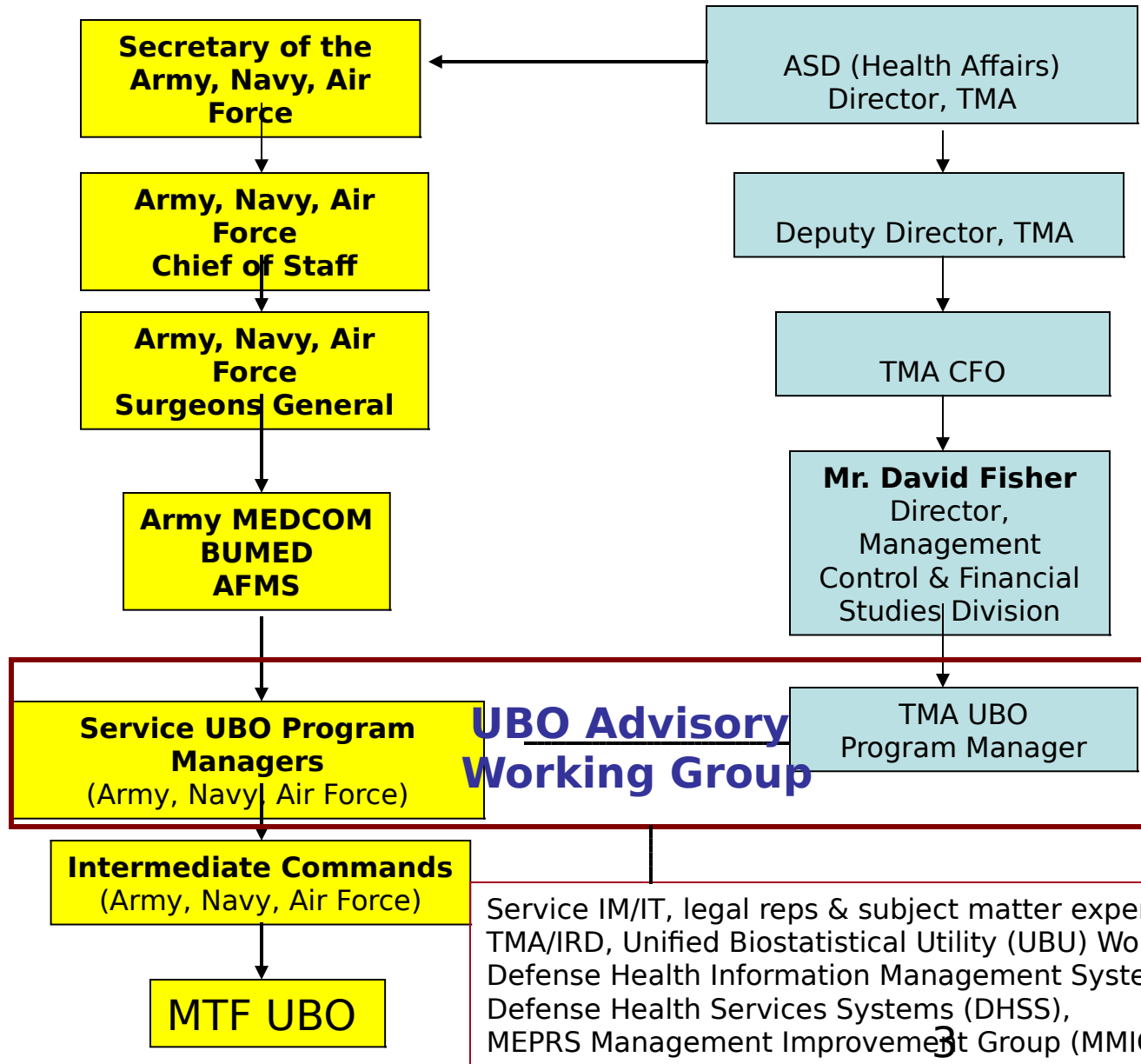
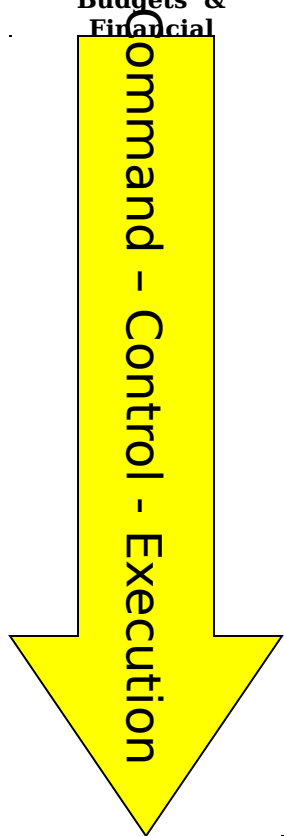


- Uniform Business Office (UBO) Organization
- UBO Cost Recovery Programs
- MHS Billing Systems
- MTF Revenue Cycle
- Data Quality and How it Affects Each Phase of the Revenue Cycle
- UBO Success Factors
- Resources



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# UBO Organization Chart



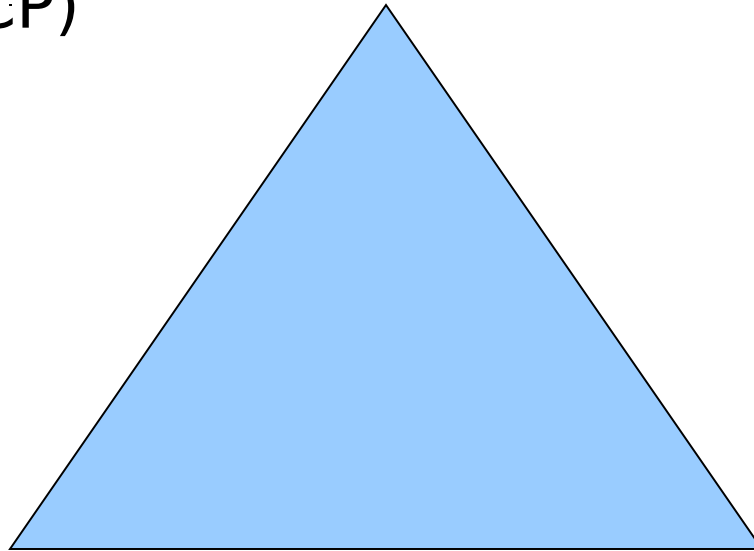


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# UBO Cost Recovery Programs



## Third Party Collections Program (TPCP)



Medical  
Services  
Account (MSA)

Medical  
Affirmative  
Claims (MAC)



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# Who Gets Billed Under Which Cost Recovery Program?



- Third Party Collections Program
  - Bill insurers for care provided to eligible DoD beneficiaries (excludes Active Duty) with other health insurance (excluding Medicare & TRICARE)
- Medical Services Account
  - Includes billing for care provided to eligible patients from Veterans Affairs/Coast Guard /NOAA/ PHS/Civilian Emergencies/Foreign Military & their Family Members
- Medical Affirmative Claims
  - Bill for care provided to eligible DoD beneficiaries injured by third parties



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# Collections by UBO Cost Recovery Program



- Third Party Collections Program (TPCP)
  - \$209.5M (FY 2008)
- Medical Services Account (MSA)
  - \$207.1M (FY 2008)
- Medical Affirmative Claims (MAC)
  - \$16.0M (FY 2008)
- ALL funds collected are retained by your MTF
  - TPC funds are in addition to your O&M budget



## Direct Care TPCP



# FY04 - FY08: Billed & Collected

(\$ Millions)

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Service	FY04 Billed -- Collected		FY05 Billed -- Collected		FY06 Billed -- Collected		FY07 Billed -- Collected		FY08 Billed -- Collected	
<b>Outpatient</b>										
Army	\$40.8	\$21.9	\$48.6	\$24.7	\$47.5	\$23.7	\$85.2	\$39.0	\$105.3	\$54.8
Navy	\$21.6	\$14.6	\$24.2	\$13.4	\$22.2	\$12.3	\$45.1	\$21.6	\$53.6	\$30.6
Air Force	\$67.2	\$30.6	\$70.2	\$26.1	\$79.9	\$28.6	\$177.9	\$59.0	\$206.4	\$80.7
<b>Total</b>	<b>\$129.6</b>	<b>\$67.1</b>	<b>\$143.0</b>	<b>\$64.2</b>	<b>\$149.6</b>	<b>\$64.6</b>	<b>\$308.2</b>	<b>\$119.6</b>	<b>\$365.3</b>	<b>\$166.1</b>
<b>Inpatient</b>										
Army	\$42.8	\$22.5	\$39.3	\$21.4	\$43.6	\$20.2	\$54.4	\$21.4	\$58.3	\$24.3
Navy	\$19.9	\$10.0	\$20.1	\$9.4	\$17.1	\$7.1	\$20.8	\$7.1	\$23.2	\$8.5
Air Force	\$26.9	\$14.3	\$26.7	\$11.3	\$23.5	\$11.2	\$26.2	\$11.7	\$25.7	\$10.6
<b>Total</b>	<b>\$89.6</b>	<b>\$46.8</b>	<b>\$86.1</b>	<b>\$42.1</b>	<b>\$84.2</b>	<b>\$38.5</b>	<b>\$101.4</b>	<b>\$40.2</b>	<b>\$107.2</b>	<b>\$43.4</b>

Data source: MTF DD Form 2570 as reported to the TMA UBO Metrics Reporting System





## Direct Care TPCP



# 3rd Qtr - Billed & Collected (\$ Millions)

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Service	FY05		FY06		FY07		FY08		FY09	
	Billed --	Collected	Billed --	Collected	Billed --	Collected	Billed --	Collected	Billed --	Collected
<b>Outpatient</b>										
Amy	\$32.6	\$17.8	\$35.4	\$18.6	\$61.5	\$31.2	\$72.4	\$40.1	\$78.0	\$50.1
Navy	\$16.0	\$9.5	\$16.3	\$9.2	\$32.3	\$15.8	\$37.4	\$23.2	\$41.0	\$26.8
Air Force	\$52.1	\$18.2	\$52.5	\$22.1	\$130.4	\$41.7	\$152.4	\$63.1	\$154.1	\$69.8
<b>Total</b>	<b>\$100.7</b>	<b>\$45.5</b>	<b>\$104.2</b>	<b>\$49.9</b>	<b>\$224.2</b>	<b>\$88.7</b>	<b>\$262.2</b>	<b>\$126.4</b>	<b>\$273.1</b>	<b>\$146.7</b>
<b>Inpatient</b>										
Amy	\$29.1	\$15.9	\$31.4	\$15.3	\$41.4	\$14.5	\$42.5	\$17.9	\$44.2	\$21.9
Navy	\$15.2	\$7.3	\$12.3	\$5.7	\$15.0	\$5.5	\$17.0	\$6.5	\$14.1	\$5.4
Air Force	\$20.8	\$8.0	\$15.9	\$8.9	\$20.0	\$8.2	\$21.5	\$9.7	\$18.3	\$6.1
<b>Total</b>	<b>\$65.1</b>	<b>\$31.2</b>	<b>\$59.6</b>	<b>\$29.9</b>	<b>\$76.4</b>	<b>\$28.2</b>	<b>\$81.0</b>	<b>\$34.1</b>	<b>\$76.6</b>	<b>\$33.4</b>

Data source: MTF DD 2570 as reported to the TMA UBO Metrics Reporting System





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# Top Three MTFs by Service for Inpatient TPCP Collections

## Collected through 3<sup>rd</sup> Qtr FY 2009



Service	Facility	FY2008 IP	FY2009 IP
Army	Washington D.C. (Walter Reed Army Medical Center)	\$1,672,251.44	\$6,178,390.46
Army	Ft. Sam Houston (Brooke Army Medical Center)	\$3,267,309.74	\$3,515,949.01
Army	Ft. Lewis (Madigan Army Medical Center)	\$3,731,367.29	\$3,327,090.71
Navy	NNMC Bethesda	\$3,261,179.90	\$1,632,200.72
Navy	NMC Portsmouth (VA)	\$1,110,474.42	\$1,436,118.87
Navy	NMC San Diego	\$763,146.49	\$870,440.79
Air Force	Lackland AFB (59th Medical Wing)	\$4,486,415.17	\$2,113,999.02
Air Force	Wright Patterson AFB (88th Medical Group)	\$2,076,449.45	\$1,492,364.81
Air Force	Travis AFB (60th Medical Group)	\$764,641.56	\$892,545.48

Data Source: MTF DD Form 2570 submissions to the TMA UBO Metrics Reporting System



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# Top Three MTFs by Service for Outpatient TPCP Collections

## Collected through 3<sup>rd</sup> Qtr FY 2009



Service	Facility	FY2008 OP	FY2009 OP
Army	Ft. Belvoir (Dewitt Army Community Hospital)	\$4,285,163.79	\$4,927,676.15
Army	Redstone Arsenal (Fox Army Health Clinic)	\$2,522,522.63	\$4,068,935.30
Army	Washington D.C. (Walter Reed Army Medical Center)	\$1,742,817.85	\$3,428,793.86
Navy	NH Jacksonville	\$3,854,077.78	\$4,640,814.22
Navy	NNMC Bethesda	\$2,659,466.82	\$3,158,258.63
Navy	NMC Portsmouth (VA)	\$2,393,042.45	\$2,552,954.55
Air Force	Wright Patterson AFB (88th Medical Group)	\$5,435,952.22	\$5,686,058.43
Air Force	Elmendorf AFB (3rd Medical group)	\$4,518,201.38	\$4,813,968.47
Air Force	Lackland AFB (59th Medical Wing)	\$4,170,331.29	\$4,245,977.28

Data Source: MTF DD Form 2570 submissions to the TMA UBO Metrics Reporting System



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# Top Nine MTFs for Total TPCP Collections Collected through 3<sup>rd</sup> Qtr FY 2009



Service	Facility	Outpatient	Inpatient	Total
Army	Washington D.C. (Walter Reed Army Medical Center)	\$3,428,793.86	\$6,178,390.46	\$9,607,184.32
Air Force	Wright Patterson AFB (88th Medical Group)	\$5,686,058.43	\$1,492,364.81	\$7,178,423.24
Army	Ft. Lewis (Madigan Army Medical Center)	\$3,400,825.28	\$3,327,090.71	\$6,727,915.99
Army	Ft. Sam Houston (Brooke Army Medical Center)	\$3,058,012.44	\$3,515,949.01	\$6,573,961.45
Air Force	Lackland AFB (59th Medical Wing)	\$4,245,977.28	\$2,113,999.02	\$6,359,976.30
Air Force	Elmendorf AFB (3rd Medical group)	\$4,813,968.47	\$615,451.61	\$5,429,420.08
Navy	NH Jacksonville	\$4,640,814.22	\$606,659.86	\$5,247,474.08
Army	Ft. Shafter (Tripler Army Medical Center)	\$2,742,790.70	\$2,456,948.95	\$5,199,739.65
Army	Ft. Belvoir (Dewitt Army Community Hospital)	\$4,927,676.15	\$135,785.19	\$5,063,461.34

Data Source: MTF DD Form 2570 submissions to the TMA UBO Metrics Reporting System



# Collections Per Non-AD Disp/Visit



## Total Non-AD Inpatient Collections (million)

Financial Policy Service	FY2003	FY2008
Army	\$20.90	\$24.30
Navy	\$9.30	\$8.50
Air Force	\$13.60	\$10.60
<b>Total</b>	<b>\$43.80</b>	<b>\$43.40</b>

## Total Non-AD Outpatient Collections (million)

Service	FY2003	FY2008
Army	\$18.70	\$54.80
Navy	\$10.80	\$30.60
Air Force	\$18.30	\$80.70
<b>Total</b>	<b>\$47.80</b>	<b>\$166.10</b>

## Number of Non-AD Inpatient Dispositions

Service	FY2003	FY2008
Army	97,298	99,526
Navy	64,514	56,464
Air Force	46,768	32,241
<b>Total</b>	<b>208,580</b>	<b>188,231</b>

## Number of Non-AD Outpatient Visits

Service	FY2003	FY2008
Army	6,466,869	6,179,381
Navy	3,734,781	3,593,806
Air Force	2,903,562	3,540,563
<b>Total</b>	<b>13,105,212</b>	<b>13,313,750</b>

## Total Inpatient Collections (Dollar) per Non-AD Disposition

Service	FY2003	FY2008
Army	\$214.80	\$244.16
Navy	\$144.15	\$150.54
Air Force	\$290.80	\$328.77
<b>Total</b>	<b>\$209.99</b>	<b>\$230.57</b>

## Total Outpatient Collections (Dollar) per Non-AD Visit

Service	FY2003	FY2008
Army	\$2.89	\$8.87
Navy	\$2.89	\$8.51
Air Force	\$6.30	\$22.79
<b>Total</b>	<b>\$3.65</b>	<b>\$12.48</b>



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# MHS Billing Systems

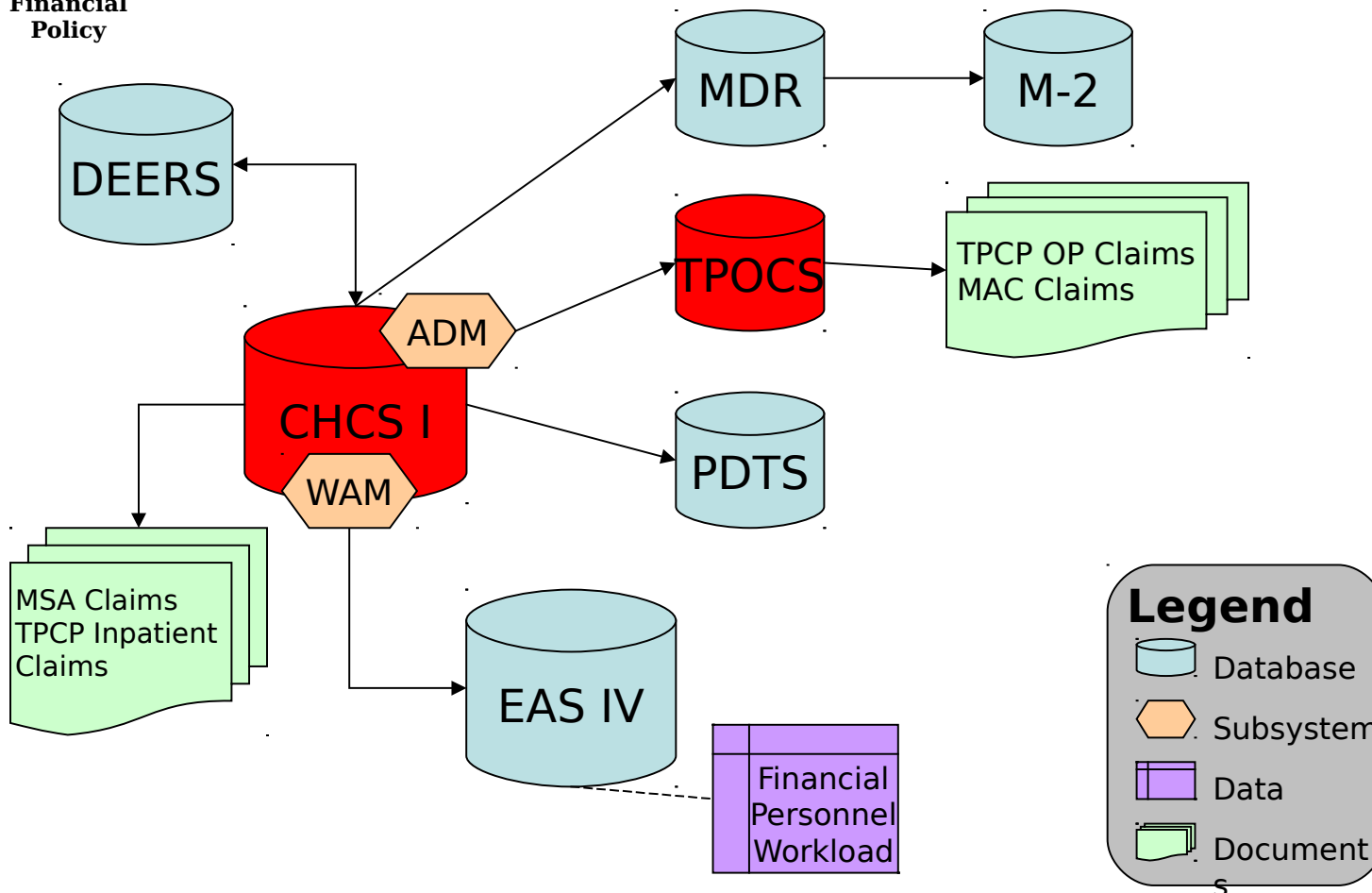
- Third Party Outpatient Collection System
  - Government developed system for billing outpatient TPCP (includes outpatient visits, lab/rad/pharmacy prescriptions)
- CHCS Medical Services Account (MSA) Module
  - Government developed module used for billing TPCP inpatient claims (both institutional & professional charges) & MSA
- Relationship to other systems
  - Provider Specialty Codes
  - Collection of other health insurance (OHI) information in CHCS
  - Centralized OHI Repository on DEERS



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# Existing MHS Systems







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# Future MHS Billing Systems



- Patient Accounting System (PAS) Charge Master Based Billing (CMBB) **was planned** to replace TPOCS and CHCS MSA Module for TPCP, MSA & MAC billing
  - A \$42.0M contract was awarded in September 2006
  - Numerous problems were encountered during systems integration
  - Services voted in June 2007 to not to support FY 2008 funding and **cancel CMBB** due to functional shortcomings
  - Requirement development of a central database (e.g., MDR) to provide billing information for use by the Services is underway





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# Data Quality Characteristics

- Accurate
- Complete
- Concise
- Cost-effective
- Relevant / Timely / Up-To-Date
- Presentation
- Consistent



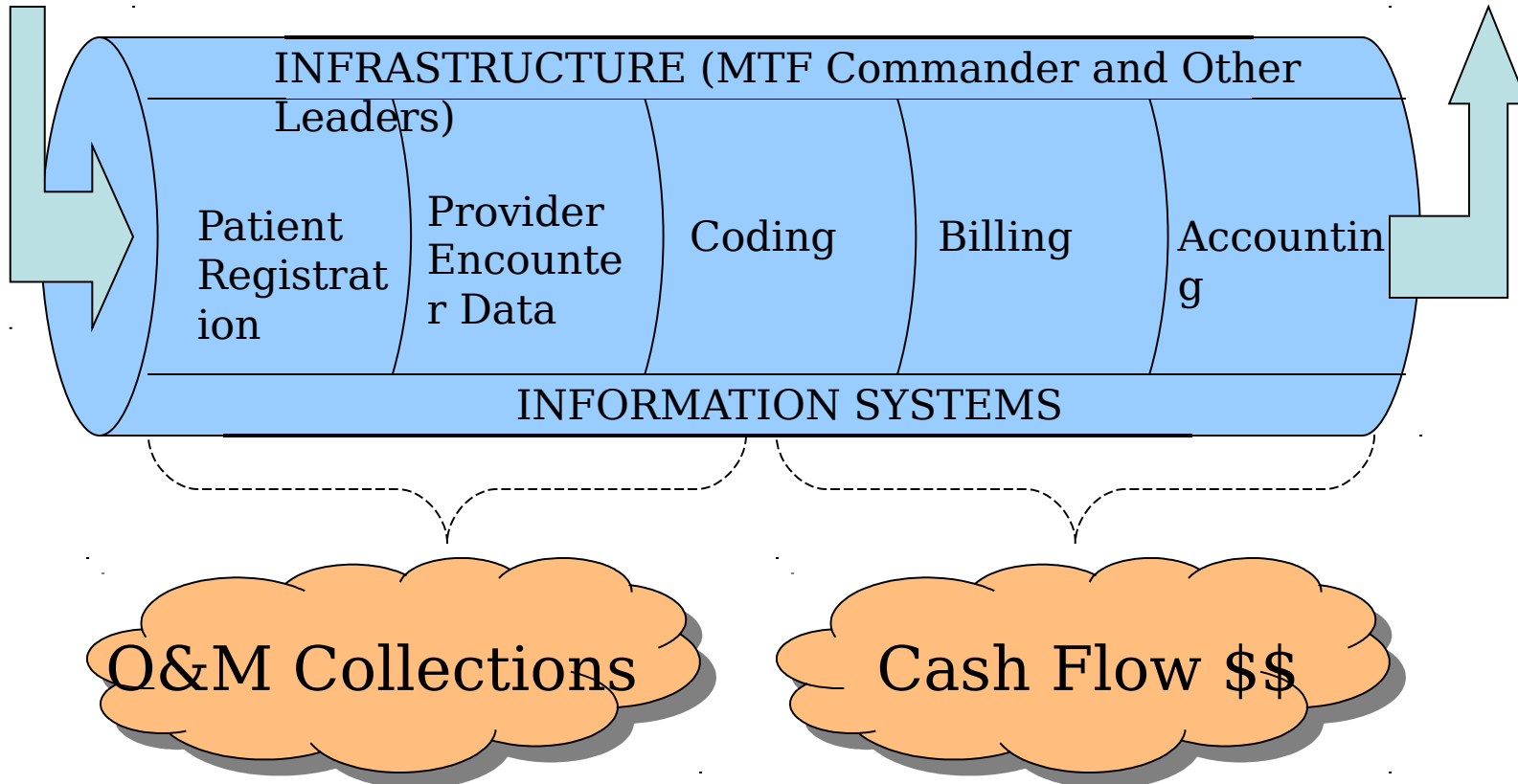
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# MTF Revenue Cycle

**Information / Data**

**Cash**



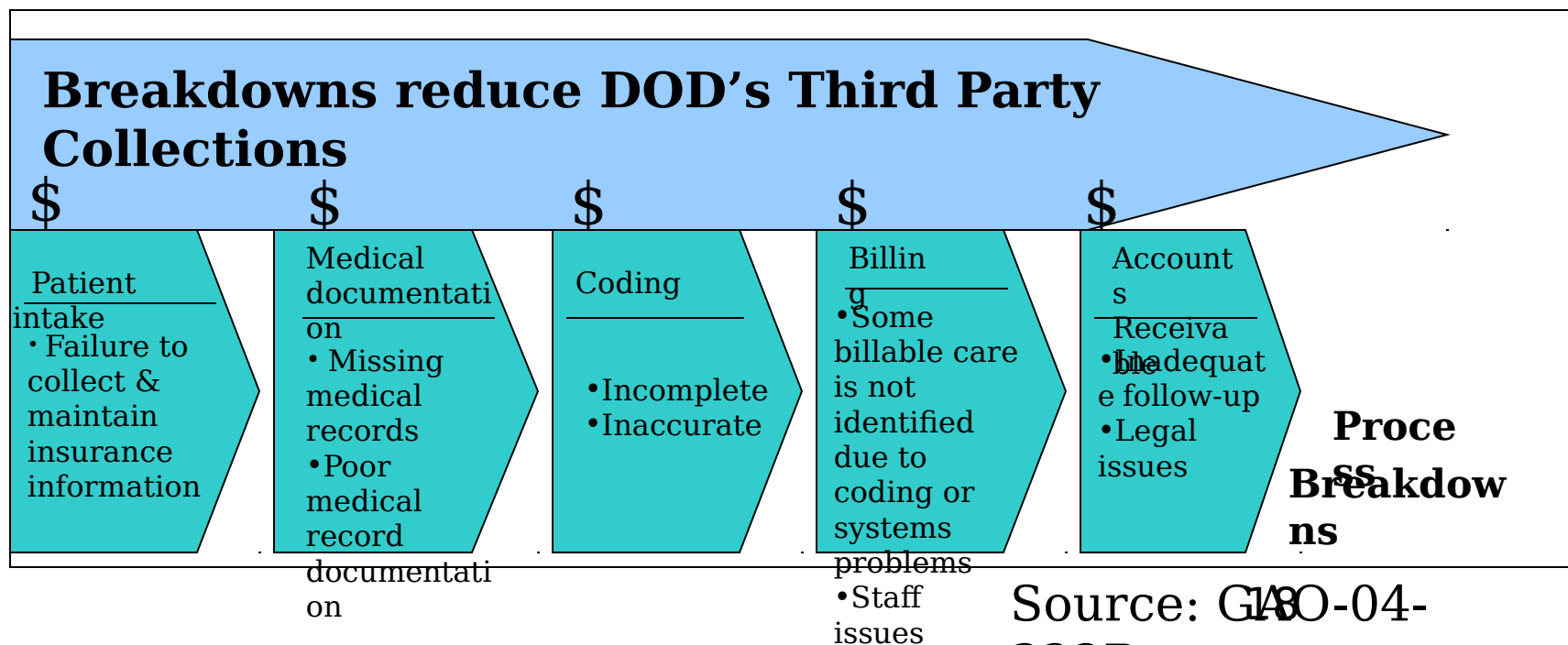


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# GAO Report Findings

Results from a February 2004 GAO report identified breakdowns in each phase of the revenue cycle and the resulting adverse effects on collections



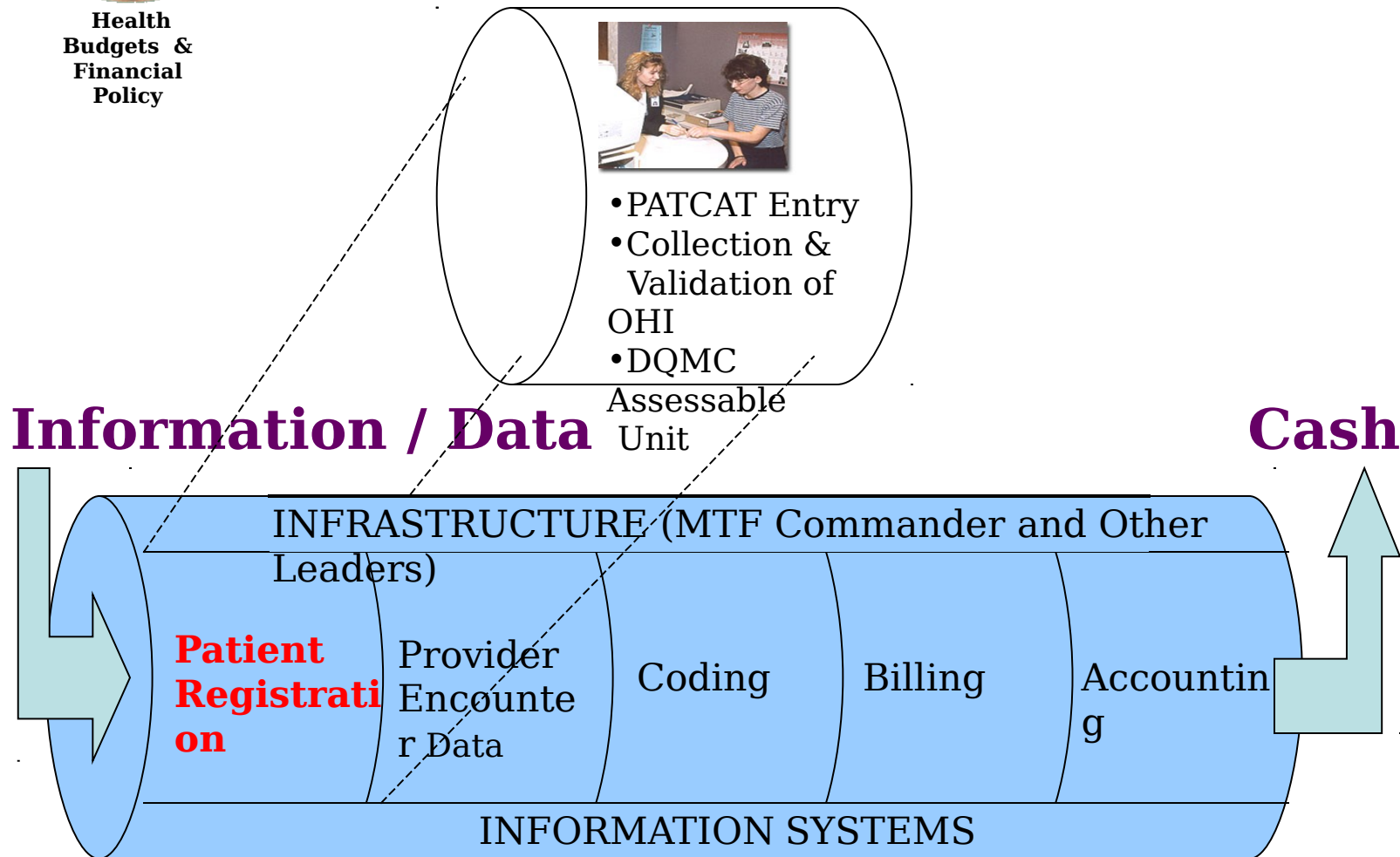
Source: GAO-04-322R



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# Patient Registration





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# Importance of Accurate PATCAT Entry

- Patient Category (PAT) determines the reimbursable rate (if any) for healthcare
  - Over 300 PATCATs to select from
- Challenge of Patients with Multiple PATCATs
  - Spouse of AD Member who is a Reservist and employed as a Federal Employee
- Whose responsible for training/accuracy?



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# Training for Selecting the Correct PATCAT

- Selecting correct PATCATs was added as a recurring training session at the annual UBO/UBU Conference beginning in 2005
- A TRICARE University On-line PATCAT course was developed and available for enrollees April 2007 to May 2008
  - 179 people successfully completed the course
- PATCAT course now available via the TMA UBO website



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# Medical Affirmative Claims (MAC)



- Are all patient injuries being identified for JAG review as possible MAC cases?
  - Active Duty Included
- Is anyone training your intake personnel to identify potential MAC claims?
  - If no one is responsible then it's not getting done
- How much is your MTF losing in unidentified MAC cases?





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# Other Health Insurance (OHI) Information



- Use DD Form 2569 to capture OHI information about your patients
  - All Non-Active Duty Patients required to complete it every 12 months or if data changes
  - OHI needs to be entered into CHCS or it “doesn’t exist” for billing purposes
  - Direct correlation between presence of a current DD Form 2569 in patient record and rate of TPC billing
  - Reported monthly in Commander’s DQ Report



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# Ongoing OHI Identification Initiative



## • Other Health Insurance (OHI) Pilot

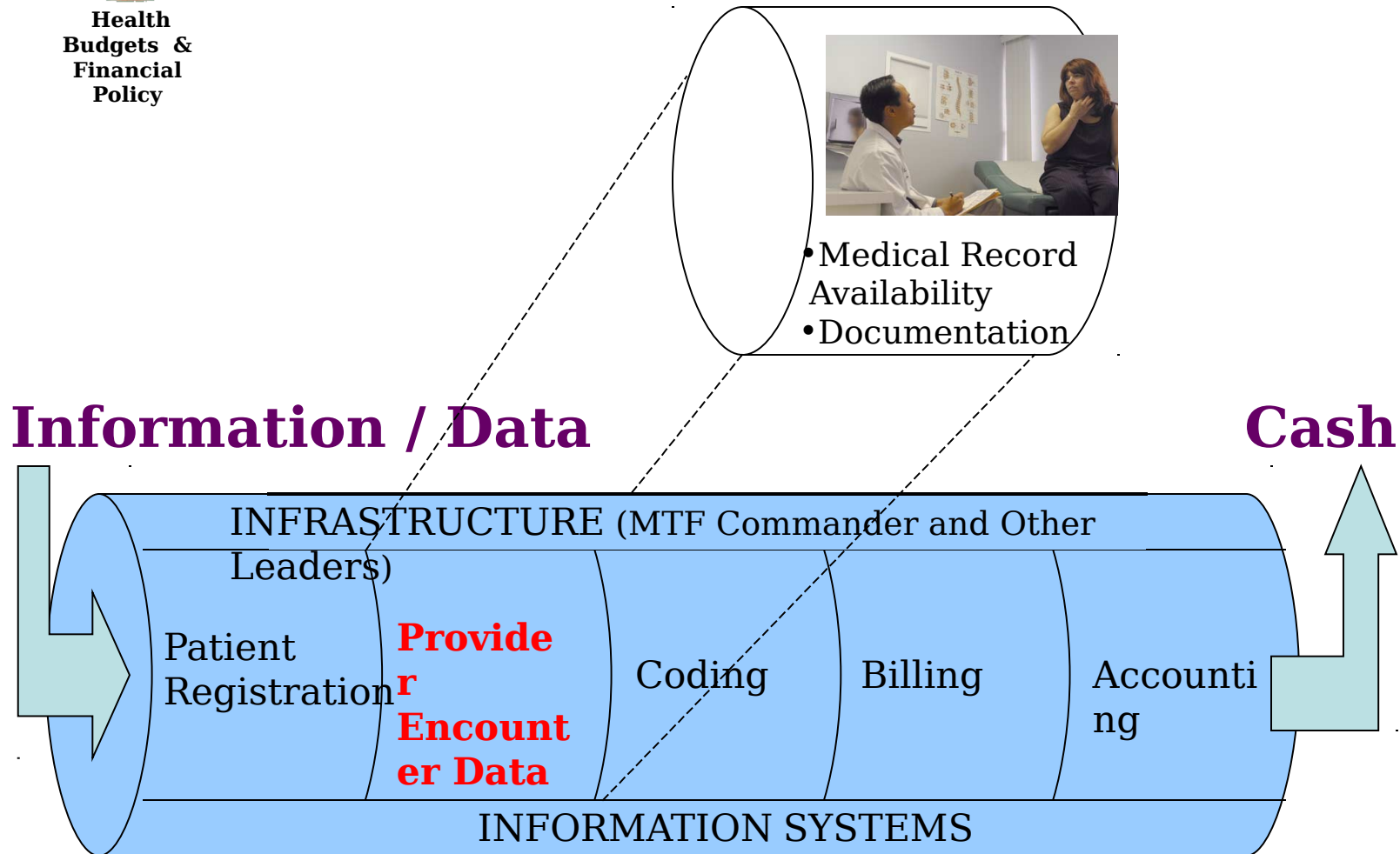
- Use of Contractor Insurance Database to identify MHS patients with OHI
- Ft Bragg (Womack AMC) is participating MTF
- Contractor identified 631 Patients with OHI and provided the MTF with the data 9 December 2008
- Billable Encounters identified by Womack AMC to date include 65 inpatient admissions and 3,145 OPVs/ER Visits/APVs
  - Large number of prescriptions associated with visits
  - Billed a/o May 2009: \$270K for 32 IP claims and \$189K for 2,013 OP claims



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# Provider Encounter Data





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# CHCS Provider Specialty Codes (PSC)



- Set of codes unique to CHCS
- Current business rules preclude TPOCS from receiving ADM encounters with blank PSCs or PSCs > 900
  - (exception of 901 – Physician Assistant)
  - 702 (Clinical Psychologist) versus 954 (Psychology)
- Site visit to large medical center found 20% of PSCs fields were blank
  - Billable ADM encounter never reach TPOCS



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# Correcting the CHCS Provider Specialty Codes (PSC)



- Get your site's most current CHCS Provider Profile and review the PSC fields for accuracy
  - No blank fields
  - Billable providers have PSC under 900 (plus 901 - Physician Assistant)
- Determine whose responsible for maintaining the PSC fields and TRAIN THEM!!!
- Periodically review the PSC fields to make sure the problem really has been permanently fixed



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# National Provider Identifier (NPI) Type 1



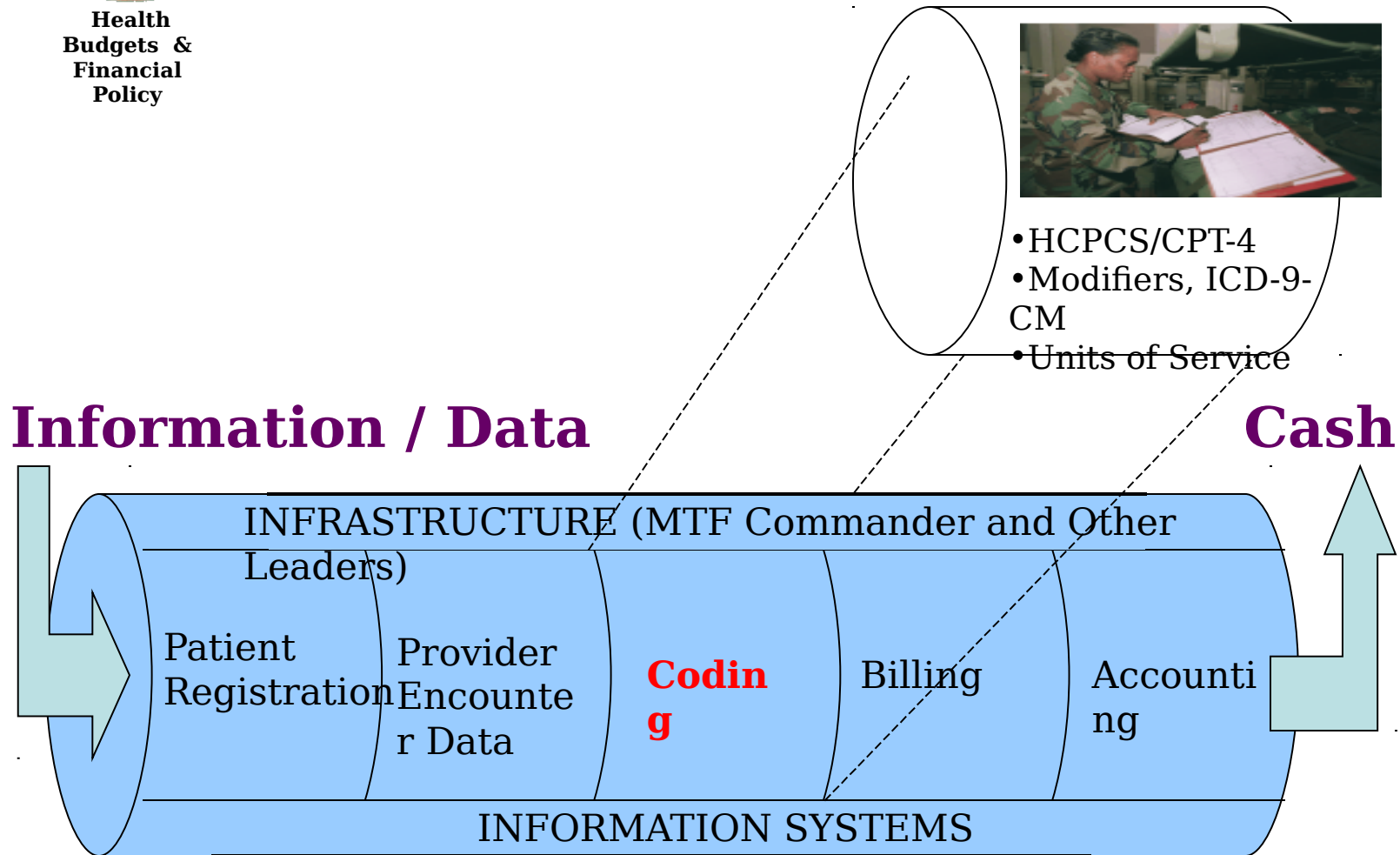
- Every provider who can bill for healthcare services is required to have one
- 23 May 2007 was the deadline for MHS providers to obtain their own unique NPI Type 1
- Active Duty Statistics as of 2008
  - Actual/Required (% Achieved)
  - Army – 14,053/11,697 (120%)
  - Navy – 9,288/8,864 (105%)
  - Air Force – 8,220/7,850 (105%)
- Are all of your providers NPI Type 1s in CHCS?
  - No NPI = No Payment from Insurance Companies



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# Coding







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# Billing



- Insurance Verification
- Claim Form Data & Line Item Billing

**Information / Data**

**Cash**

INFRASTRUCTURE (MTF Commander and Other Leaders)

Patient  
Registration

Provider  
Encounter  
Data

Coding

**Billing**

Accounti  
ng

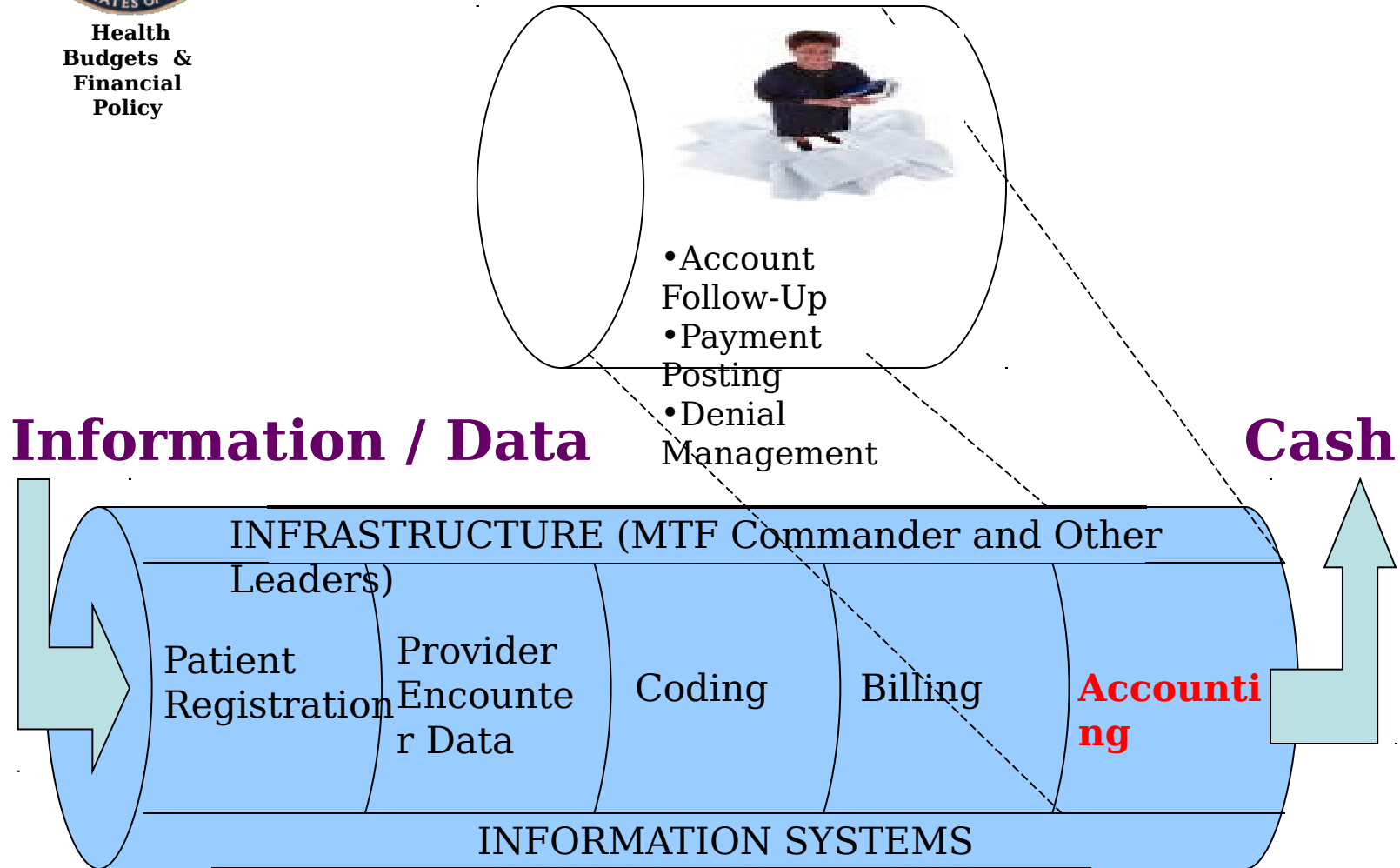
INFORMATION SYSTEMS



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# Accounting





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# UBO Success Factors

## • What are the Focus Points?

### – MTF Revenue Cycle

- Team Effort (not the just the UBO's challenge)
- Staff Education & Training
- Electronic Interfaces

### – Leadership Involvement

- Stress the need to complete the OHI forms (DD Form 2569s)
- Brief them on UBO Performance (e.g., OHI Capture, Billings & Collections for TPCP, MSA & MAC)



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# Resources



- **UBO Web Page**

<http://www.tricare.mil/ocfo/mcfs/ubo/index.cfm>

- **UBO Help Desk**

[ubo.helpdesk@altarum.org](mailto:ubo.helpdesk@altarum.org)

703-575-5385



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# Resources (con't)



- Defense Health Information Management System (DHIMS) Web Site
  - <http://citpo.ha.osd.mil/>
    - formerly CITPO and TMIP
- Defense Health Services Systems (DHSS) Web Site
  - <http://health.mil/DHSS/>
    - formerly RITPO, DMLSS & EI/DS



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# Questions?

